



Central Florida Commission on Homelessness (CoC FL-507)

4065 L.B. Mcleod Road, Suite D, Orlando, FL 32811 ■ Phone: (407) 893-0133 ■ Fax: (407) 893-5299

APPLICATION FOR INDIVIDUAL AFFILIATE MEMBERSHIP

Original

Update

Name of Individual Applicant: _____

Applicant's primary agency/organizational affiliation (if any): _____

Applicant's position/title with above agency/organization: _____

If the above agency/organization is an Organizational Member of the Central Florida Continuum of Care, are you currently designated as one of its Voting Members? (max 5 per Organizational Member)

Yes No Not Sure

Please list all other agencies or organizations participating in the Central Florida Continuum of Care with which you are currently affiliated (as an employee, board member, volunteer, etc.) or with which you have been affiliated within the past twelve (12) months:

Table with 3 columns: Name of Agency or Organization, When Did Affiliation End?, Type of Affiliation. Includes checkboxes for Staff, Board, Volunteer, and Other.

continue on back of sheet if needed

Primary Email: _____

Primary Phone: _____

Address: _____

Street Address

City

State

ZIP Code

Large table with two main sections: 'Please check all sectors/constituencies/disciplines below that you currently represent or that are applicable to you:' and 'Please check all counties below in which you currently work or serve:'. Includes various checkboxes for roles and counties.

I certify that the information provided above is current, accurate and complete to the best of my knowledge. I understand and agree that I am responsible for reporting any changes to the above information to membership@hscnfl.org. I further understand and agree that if I do not attend at least two (2) CoC FL-507 general or committee meetings during any 12-month period, I will be required to re-apply for membership.

Signature: _____

Date: _____

Applications may be submitted by email to membership@hscnfl.org; by U.S. mail to HSN, 4065-D L.B. McLeod Road, Orlando, FL 32811; or by hand to a CoC-designated representative at any CoC general or committee meeting. Any applicant who does not receive notification of application denial within 30 days of receipt by HSN may assume his or her membership application has been approved. Please note that the Applications for Organizational Affiliate Membership is a separate and distinct form.

Office Use Only: